

Application
For An Automatic Vending Machine Licence
In the
Cape Breton Regional Municipality

Name _____

Mailing Address _____

_____ Postal Code _____

Owner's Phone No. _____

Company Name (If Applicable) _____

Location of Machine _____

Location Within a Building _____

Type of Automatic Vending Machine _____

Number of Machines _____

Serial Number of Machine _____

Signature of Applicant: _____

Date of Application _____

***If applicant has more than one Automatic Vending Machine in various locations, please attach an Addendum (List) with this completed applicaton form.**